

City of West Lafayette

2009 Payroll Deduction Authorization for Medical HSA Contributions

☐ Yes, I elect to contribute each month to my health savings account and authorize a tax-free payroll deduction each pay period, as shown below. I understand that my total contribution to this account may not exceed the amount indicated for the calendar year (annual limitation of \$3,000/Employee or \$5,950/Family coverage for 2009 HDHP), for funding reimbursement of qualified medical expenses as defined under Section 213 (d) of the Internal Revenue Code.

Payroll Deductions: \$ _____ x 24 pays = \$ _____ per year

I understand that new contribution elections must be submitted each year and that if I am entering the HSA mid-year, the contribution I have elected is for the balance of the current year (annual limitation divided by 12, multiplied by the number of covered months).

I authorize my employer, City of West Lafayette, to make payroll deductions for deposit into my personal HSA account.

Printed Name and Signature

Date

☐ I elect to change my contribution to my health savings account from \$ _____ per pay to \$ _____ per pay, effective the first pay period following _____ (requires one week notice). I understand that my total contribution to this account may not exceed the amount indicated for the calendar year (annual limitation of \$3,000/Employee or \$5,950/Family coverage for 2009 HDHP), for funding reimbursement of qualified medical expenses as defined under Section 213 (d) of the Internal Revenue Code.

Printed Name and Signature

Date

☐ I elect to discontinue my contribution to my health savings account effective the first pay period following _____ (requires one week notice).

Printed Name and Signature

Date